Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

ATTACHMENT 4.18-E

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ICHSTANA

Optional Sliding Scale Premiums Imposed on Qualified Disabled and Working Individuals

"Not applicable - the State does not impose premiums on Qualified Disabled and Working Individuals."

A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

\*Description provided on attachment.

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TN No. 91-25
Supersedes 0.23 Approval Date MAY 12 1992

HCFA ID: 7986E

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STATE DULL AND A DATE REC'D MAY 1 2 1992

DATE APPV'D MAY 1 2 1991

HCFA 179

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Page 2 OMB No.:0938-

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"Not applicable - the State does not impose premiums on Qualified Disabled and Working Individuals."

	c.	State	or local	funds under	other	programs	are use	d to pay	for premiuma	:
•		<u></u>	Yes			No				
•	D.	The cr	iteria us	ed for dete	rmining	whether	the age	ncy will	waive paymer	t of
		a bram	ium becau bed below	se it would	cause	an undue	hardshi	p on an	individual ar	•
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